
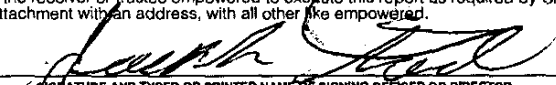


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90003 032 ***150.00

DOCUMENT # P03000125162 1. Entity Name JOSEPH & ANNIE A. FORD, INC.					
Principal Place of Business 81 S. FILMORE STREET BEVERLY HILLS, FL 34465			Mailing Address 81 S. FILMORE STREET BEVERLY HILLS, FL 34465		
2. Principal Place of Business Suite, Apt. #, etc.:			3. Mailing Address Suite, Apt. #, etc.:		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 80-0081856				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, JOSEPH 81 S. FILMORE STREET BEVERLY HILLS, FL 34465				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, JOSEPH 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNIE A 81 S. FILMORE STREET BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 6/7/2004 Daytime Phone #: 352-527-2521					

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06032004 Chg-P CR2E034 (10/03)